

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M. E.		12/16/99
O.I.P.E. CLASSIFIER	MTN	59	12-27-99
FORMALITY REVIEW	M. M.	71628	1-6-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	1/14/00
2	7/16/01
3	6/20/02
4	1/23/03
5	8/16/03
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Claim	Date
Final Original	
51	1/23/03
52	1/23/03
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100	1/23/03

Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
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